Dental Laboratory Registration

Instruction Sheet

- 1. Complete application
- 2. Submit \$150 application fee
- 3. Submit copy of CDT card or certificate
- 4. Mail to:

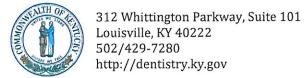
Kentucky Board of Dentistry 312 Whittington Parkway, Suite 101 Louisville, KY 40222

Rev. June 2014

Fee	Date	
Registration N	umber	
Approved By		
Date of Issue		

FOR KBD USE ONLY

Kentucky Board of Dentistry



APPLICATION FOR REGISTRATION OF DENTAL LABORATORIES

Please print in ink or type your respons	es.				
Laboratory Name					
Laboratory addressNumber & Stre	eet (PO Boxes Not Acceptab	le)			
Number & Site	eet (10 boxes Not Acceptab				
City	State	ZIP	KY County	Phone #	f
Email address			Cell phone number		
Certified Dental Technician Name (Attach copy of Current CDT card or cer			CDT number		
	tilicate to application)				
OR Supervising Dentist Name			License #		
			Occupational Safety and Health on (CDC) of the United States Public	YES	NO
	nistration registration numb	er of all patien	rovide material disclosure to the pre t contact materials contained in the		
Certified Dental Technician/De	entist Signature		Date		
of the manufacture of the	orescribed restoration. If n disclosure shall identify	f the restorati	ry will disclose to the prescribing on was partially or entirely manu nanufactured by a third-party pro	ıfactured by a tı	hird-party
Certified Dental Technician/De	entist Signature		Date		